

Network Adequacy Review and Regulation Planning Meeting

**10:00 am-11:00 am Central
July 9, 2018,
Regulatory Health Link Division,
Arkansas Insurance Department**



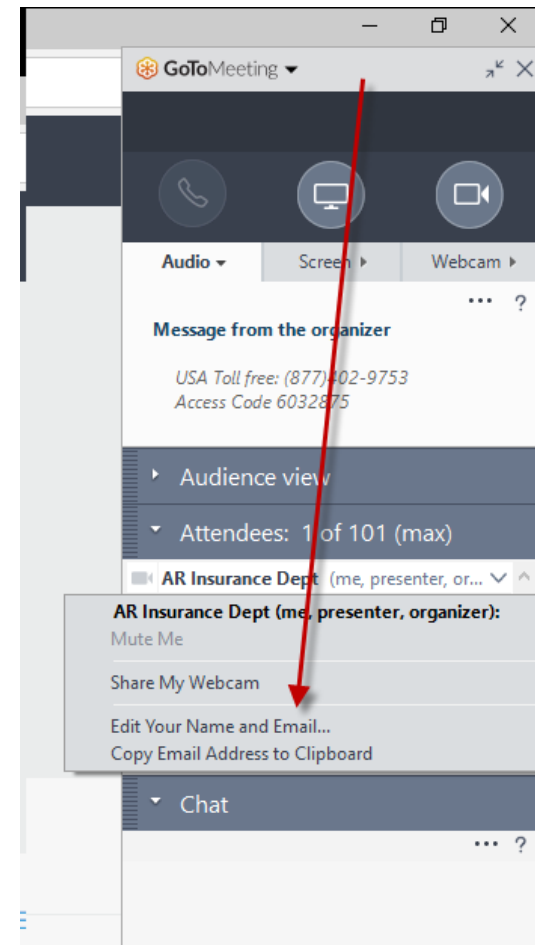
Agenda

- **Introductions & housekeeping**
- **PTNP data maintenance**
 - **Why do it?**
 - **How does it work?**
- **Updates**
- **Mutual Expectations**
- **Errors to avoid**

INTRODUCTIONS & HOUSEKEEPING

Introductions

- For those attending online, please enter your full name and email-id at the appropriate location in the GoToMeeting dialog box.



Industry Actors -1 (Intended Carriers)

- These meetings on Network Adequacy apply to all health and dental insurance carriers *covered under Rule 106*.

Industry Actors-2 (Intended People)

- AID attempts to communicate with three roles involved in Network Adequacy
 - NA Subject Matter Expert (NA SME).
 - Associated IT personnel.
 - Associated compliance personnel.
- NA contacts known to AID are listed and grouped by organizations in *Network Adequacy Industry Contact List.pdf* on our NA website <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>. Please communicate addition or removal of contacts in list to RHLD.DataOversight@arkansas.gov

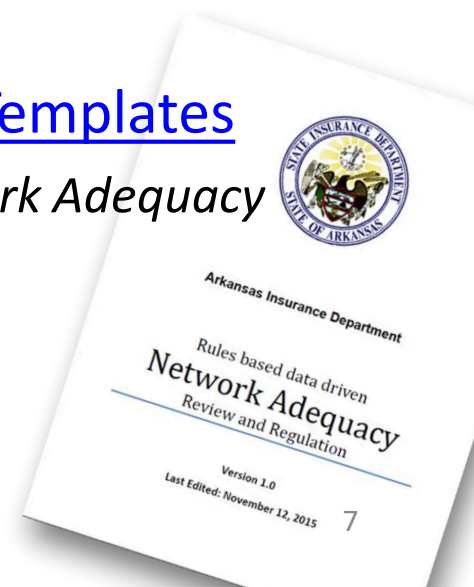


New to Arkansas NA Regulation Program?

Two important documents to read

- Program details available at <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>
 - “NA Review Process”

This document lays out NA activities for the coming plan year
 - Meeting slides and notes maintained in chronological order
- Data specifications & templates updated at <http://rhld.insurance.arkansas.gov/Info/Public/Templates>
 - For data submission requirements refer “*SERFF Network Adequacy Data Submission Instructions*”



Network Adequacy Review Program recognized for Data Governance & Information Quality best practices



NEWS

PUBLISHED: April 11, 2018

AID Earns Data Governance Honor

First-time entrant earns highest rank for state government agency

LITTLE ROCK – Arkansas Insurance Commissioner Allen Kerr today released the following statement announcing that the Arkansas Insurance Department earned third place in the 2018 Data Governance Professionals Organization (DGPO) Data Governance Best Practice Awards:

"I am proud to congratulate the members of the Department's Regulatory Health Link Division on earning the third place award in the emerging discipline of data governance. Thanks to their hard work, our Department has been able to achieve success in a difficult regulatory area with minimal resources compared with the other winners."

- CONSUMER ASSISTANCE
- INDUSTRY / REGULATION

Topics

- Consumer Alerts
- Consumer
- Consumer Tips
- Industry

Archive

- 2018
- 2017



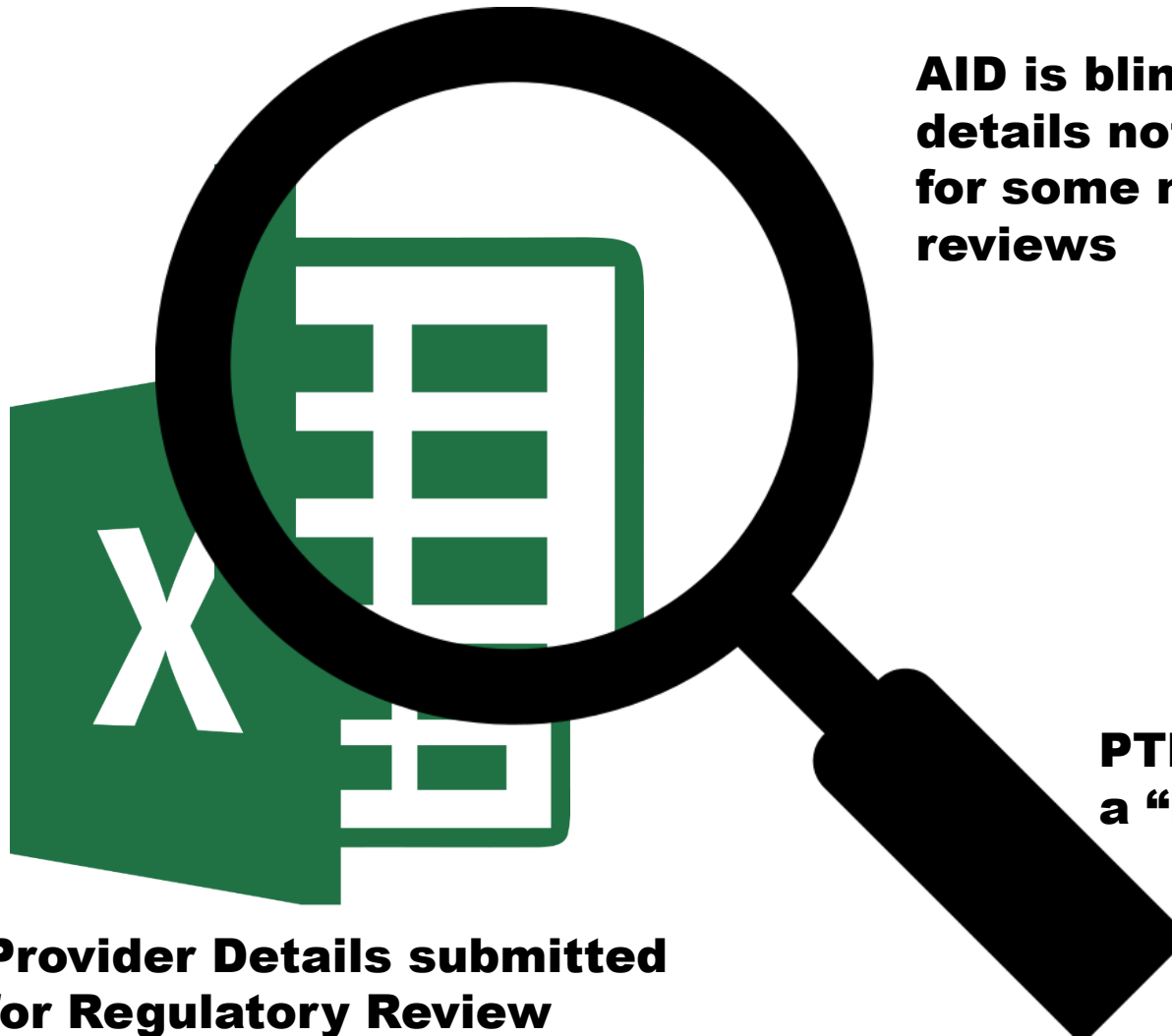
PTNP Data Maintenance

WHY DO IT?

The goal of the Provider Type NPI Pool (PTNP) process is for the industry to come to agreement on the classification of individual providers and facilities into “Provider Types”.

This classification is influenced by actual practice of the provider rather than qualifications alone.

The significance of PTNP Data



AID is blind to provider details not in the PTNP for some major NA reviews

PTNP data – a “lens”

Provider Details submitted for Regulatory Review

Why participate in the PTNP process?

Providers in your network may not get counted as belonging to a particular provider type if they are not agreed to by industry.

For instance;

- if your organization has certain Pulmonologists that do not exist in the PTNP, those providers will not get included in AID's main review of Pulmonologists Adequacy.
- **So what happens when your organization recruits a new Pulmonologist?** If the provider does not exist in the PTNP request for inclusion in the PTNP in either of the two PTNP data maintenance rounds in a year.

Increased geo-validation

AID is increasingly validating county level summaries for different provider types contained in the *AR Specialty Access* template against

- a) the detailed provider location data in the Federal *Essential Community Provider/Network Adequacy (ECP/NA)* template, that in turn is filtered using the
- b) Latest PTNP data.

PTNP Data Maintenance

HOW DOES IT WORK?

Process Overview

There are two major *types* of processes to the NA review in Arkansas.

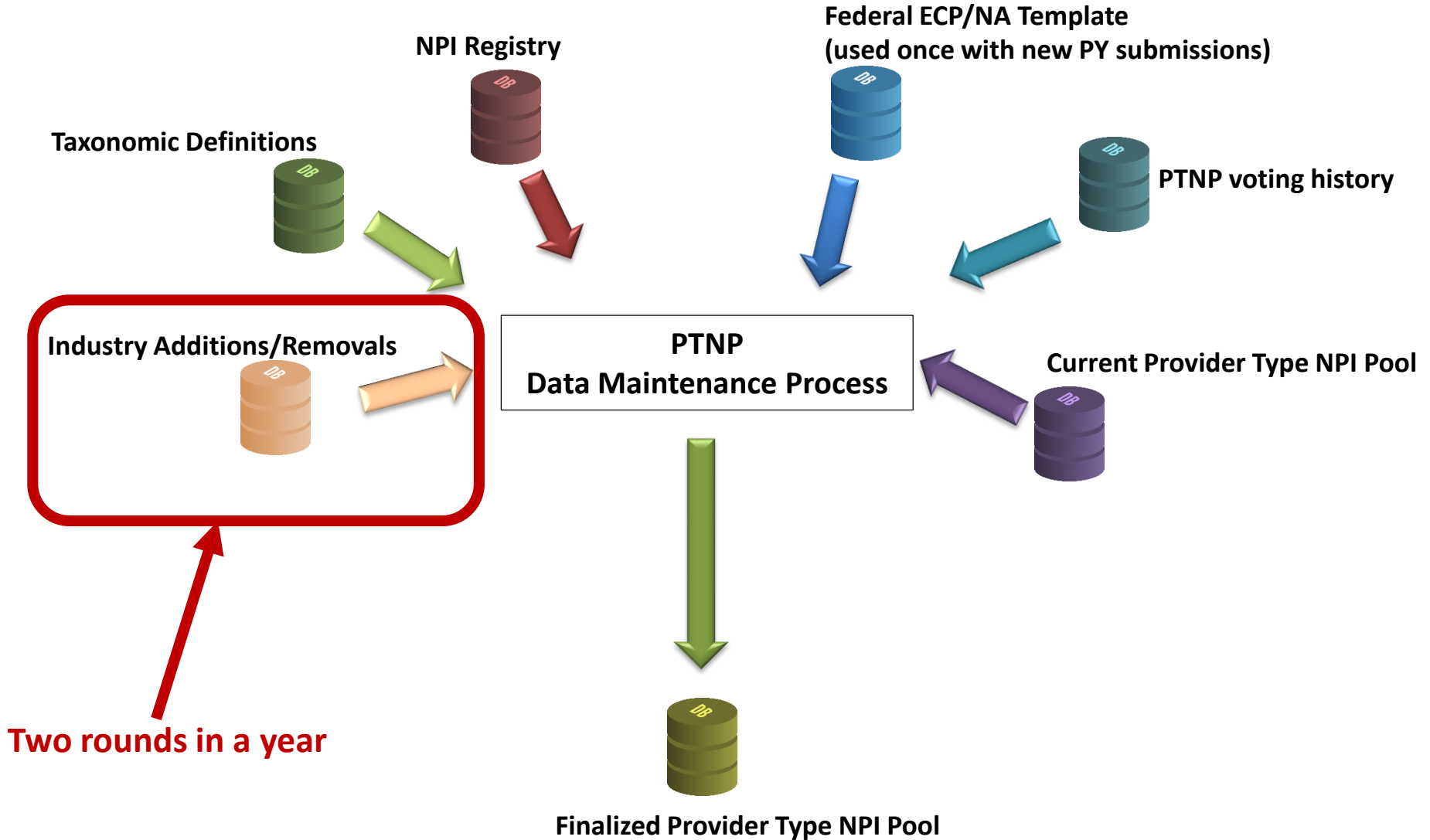
- 1) Provider-Type-NPI-Pool (PTNP) data maintenance (Round 1 & 2 in a year).
- 2) NA data reporting and review (Once a year).

This meeting is primarily for the Round 2 of the PTNP process.

PTNP Data Maintenance versus NA Data Reporting & Review

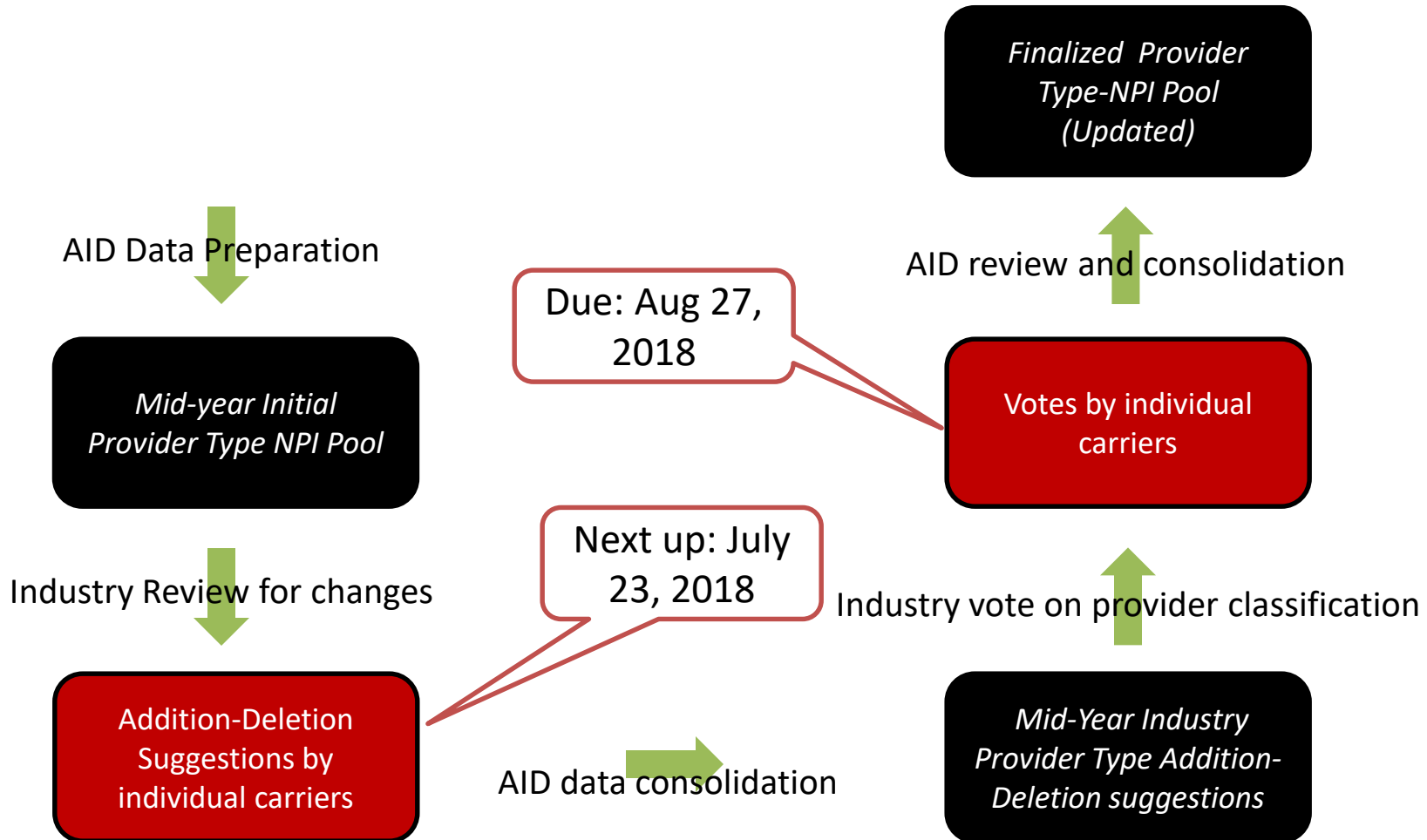
PTNP Data Maintenance	NA Data Submission & Review in SERFF
Twice yearly	Once yearly
Regulatory data pre-planning. Not regulatory data by itself.	Regulatory Data.
Not mandatory. But is highly recommended because it has direct bearing on the regulatory data submitted (Arkansas templates) and on analysis done by AID (on Federal ECP/NA templates).	Mandatory.
SERFF not used for data interactions. Data exchanges through AID public website and Issuer data submissions to AID's secure FTP server.	Only SERFF used.
Industry information drives outcomes.	Regulatory requirements drives outcomes.

PTNP data maintenance



PTNP data maintenance Round 2

Details available in *NA Review Process.pdf*



2018 Round 1

UPDATES

Changes in the last round

Criteria	Description	2017 Round 2 Count	2018 Round 1 Count	Change	Change Percent
C010	Access to Adult/Geriatric Primary Care Providers	5,898	6,724	826	14.0%
C020	Access to Pediatric Primary Care Providers	1,550	2,193	643	41.5%
C030	Access to Mental Health/Behavioral Health/Substance Use Disorder Facility	95	96	1	1.1%
C040	Access to Mental Health/Behavioral Health Providers	2,958	3,347	389	13.2%
C050	Access to Substance Use Disorder Providers	266	273	7	2.6%
C060	Access to Oncologists	371	389	18	4.9%
C070	Access to Skilled Nursing Facilities	334	366	32	9.6%
C080	Access to Cardiologists	517	564	47	9.1%
C090	Access to OB/GYN	652	703	51	7.8%
C100	Access to Pulmonologists	192	204	12	6.3%
C110	Access to Endocrinologists	124	131	7	5.6%
C160	Access to All Hospitals	251	242	-9	-3.6%
C180	Access to Hospital by Licensure Type-Acute Care	210	200	-10	-4.8%
C200	Access to Hospital by Licensure Type-Mental	86	86	0	0.0%
C210	Access to Hospital by Licensure Type-Rehabilitation	50	48	-2	-4.0%
C220	Access to Rheumatologists	78	81	3	3.8%
C230	Access to Ophthalmologists	849	871	22	2.6%
C240	Access to Urologists	175	188	13	7.4%
C250	Access to General Dentists	1,961	2,007	46	2.3%
C260	Access to Dental Specialists	223	284	61	27.4%
C280	Access to Pharmacies	1,434	1,434	0	0.0%

Provider location view updated with PTNP changes

- Visualization of practicing locations of providers aggregated from all issuers is published in <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>
- This visualization categorized into Provider Types and is updated after the completion of every bi-annual round of PTNP data maintenance
- Compliance Officers refer to this visualization in their objections on the lines of “Other issuers have providers in or around this county. Please refer to geographic visualization of all aggregated providers available on the AID's NA home page.”

MUTUAL EXPECTATIONS

(ROUND 2 PTNP DATA MAINTENANCE)

How is data exchanged in the PTNP process?

- **From AID to issuers:**

AID's Network Adequacy (NA) webpage

(<http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>)

For file names refer *Network Adequacy Review Process.pdf* located in the same webpage.

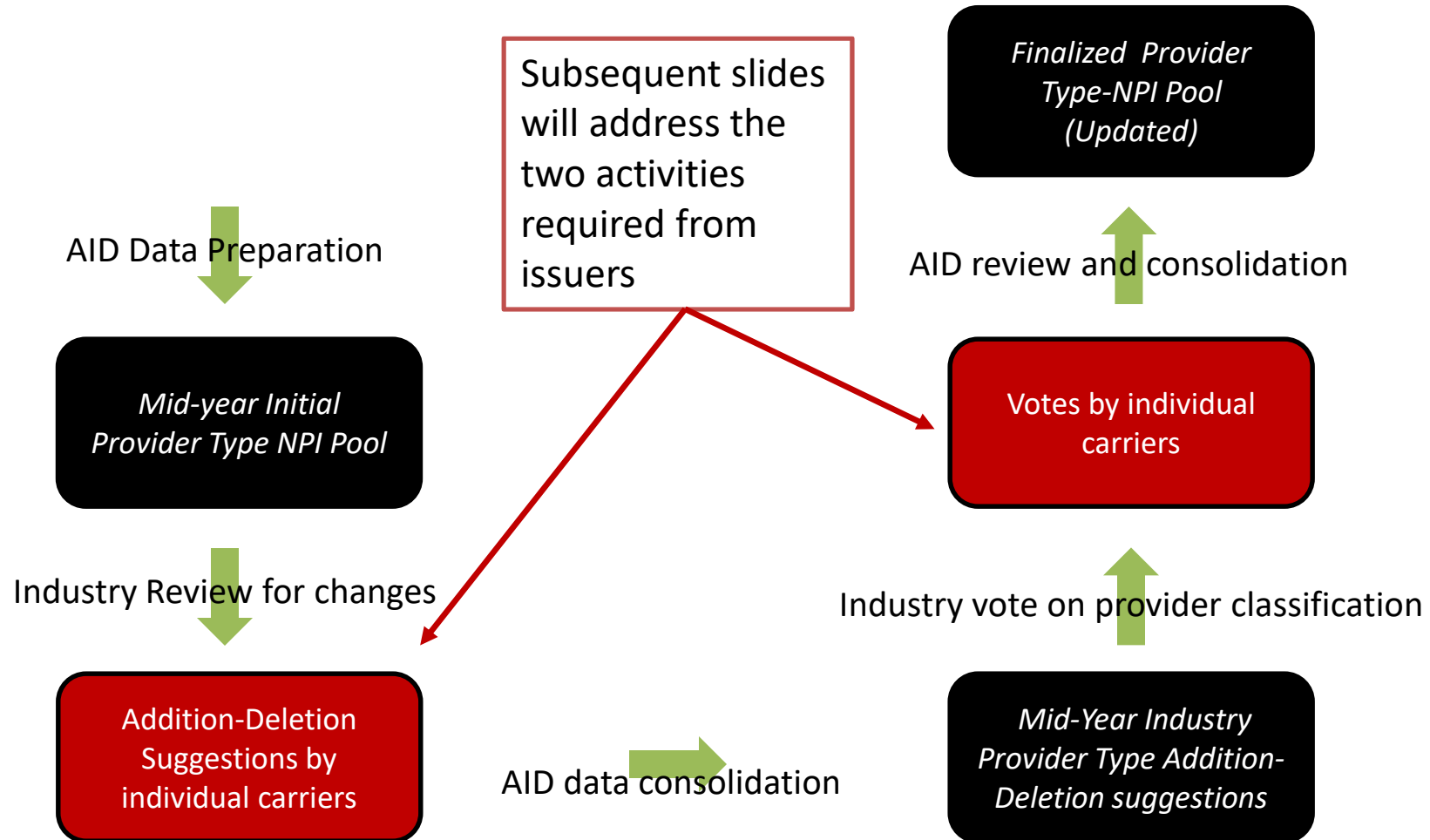
- **From issuers to AID:**

Delivery to AID's secure FTP servers following instructions in "General Data Submission Process to RHLD" located at <http://rhld.insurance.arkansas.gov/Info/Public/Templates>.

For file naming conventions during the two stages of issuer feedback refer *Network Adequacy Review Process.pdf* located in AID's NA webpage.

Data submissions from issuers explained with examples in later slides.

PTNP data maintenance Round 2



<http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>



“Mid-Year Initial Provider Type-NPI Pool”
(Available June 28, 2018)



Add? Delete?



Blue Cross Experts



AID Secure FTP Server

“20180723_83470_BCBS_Provider_Type_NPI_AddDelete.csv”
(Due July 23, 2018)

Stage 1: “Suggestion for changes” stage using BCBS as an example

<http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>



“Mid-Year Industry Provider Type
Addition Deletion suggestions”
(Available July 30, 2018)



To agree or not to
agree on this
addition and that
removal?



Ambetter Experts





AID Secure FTP Server



“20180827_80799_Ambetter_ObjectionVote.csv”
(Due August 27, 2018)

Stage 2: “Voting” stage using Ambetter as an example

Expectations from Issuers

- Refer pdf document *NA Review Process* located in <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy> (NA website)
- 
 - **Issuers provides suggestions for change.** Due on July 23, 2018.
 - AID collects these suggestions and posts the consolidated information on NA website on July 30, 2018.
- 
 - **Issuers vote their agreement or opposition to suggested changes by others.** Due on August 27, 2018.
 - AID processes votes and updates the PTNPs on NA website on September 14, 2018.
- For Round 2, issuers are not expected to report on anything using the updated PTNP that will be published September 14, 2018. AID will however use this updated data to review previously submitted NA detailed data through SERFF.

ERRORS TO AVOID

(DURING “SUGGESTION FOR CHANGE” AND “VOTING” STAGES)

Errors to avoid during Stage 1: “Suggestions for change” (1 of 2)

- Please understand that our PTNP development attempts to focus on actual provider practice rather than academic qualifications. For example an provider who is qualified in “Internal Medicine” but is known to work only in the ER of a hospital, should not be classified as a Primary Care Provider.
- Use the template “Mid-Year Initial Provider Type-NPI Pool” to suggest changes. Please do not fashion your own spreadsheet.
- Please remember we are communicating about correcting classifications of NPIs (i.e. Providers). Not whether a NPI (i.e. Provider) exists or is valid. Each line communicates either **addition of an NPI to a “C-bucket” –OR- removal of an NPI from a “C-bucket”**.
- A misclassified NPI ***may*** require two or more suggestions. One would be a **removal** from the incorrect “C-bucket” **and if not already assigned to the applicable “C-bucket(s)”, addition(s)** to the correct “C-bucket(s)”. Sometimes a misclassification may require only one suggestion- a removal from a “C-bucket” with no concomitant addition suggestions, since an appropriate “C-bucket” does not exist for the NPI.
- AID had observed significant feedback in the voting stage (that comes later) saying that a particular NPI should belong to some other bucket. Please understand that the “Suggestions for change” stage is the stage to add or remove from an classification. **The voting stage that comes later, is not the place to make addition or removal suggestions.**
- Try not to approach the PTNP data maintenance with an inclination towards one type of action (say an inclination towards either addition or deletion). AID tends to compare competitor networks before issuing an objection. Just focusing on say additions and not on removal of inaccurate NPI classifications may not help you in AID’s comparative analysis. Please approach the PTNP data maintenance as an effort towards accurate classification.

Errors to avoid during Stage 1: “Suggestions for change” (2 of 2)

- While adding a NPI to a “C-bucket”, please pay heed to the taxonomic definition of the “C-bucket”. Same consideration applies when looking for removals.
 - For instance the current definition of C250 (Access to Dental – General) does not include Pediatric Dentists, so do not add them to “Dental General”. Conversely if you know an NPI listed in “Dental – General” is an Pediatric Dentist by practice, ask for its removal.
- **Do** provide your most compelling reason for an addition or deletion. Each issuer’s reasons behind an addition or removal is shown to all issuers during the voting round and may influence their feedback. During vote processing AID may overrule the direction of a vote based on the strength of an issuer’s reason.
 - An example of a compelling reason for removal of a PCP can be a brief “Works only in emergency medicine in our 2016 claims data”.
- While adding bordering state providers, please remember that AID does not have any “contiguous county” requirement. But bear in mind though that adding providers very far from the borders may not help with your average distance calculations. Add providers in bordering states that Arkansans do avail – because your consumers are probably the best judge.

Errors to avoid during Stage 2: “Voting” stage (1 of 1)

- Please use the recommended template.
- Please remember that this stage is only to communicate your agreement or rejection of a suggested change of provider classification. It is not about communicating whether a NPI (i.e. Provider) exists – or – that the provider is miss-classified and should belong to a different bucket. While rejecting an addition suggestion, if you realize that the NPI belongs to a different C-bucket, your opportunity for suggesting the addition to the appropriate C-bucket(s) will be in future PTNP data maintenance rounds. Suggestion to add to a different C-bucket cannot be handled at this stage.
- Most network data considerations during the “add-remove” stage also apply to the “Voting” stage; Taxonomic definitions, Out-of-state provider distance considerations, etc. should be considered.
 - For example, before objecting to some other issuer’s removal of an apparently valid NPI-“C bucket” combination, consider if the provider is out of state, and if all practicing locations are far from the border.
- Do provide your most compelling reason behind rejecting an addition or deletion. AID may use the strength of your reason to settle a tie, or even reverse the direction of a vote.
 - An example of a compelling reason for rejecting addition of a NPI as a PCP can be a terse “Works only in emergency rooms per claims data”.

Next steps for industry

- Refer to slide titled “Expectations from Issuers” (Slide 27)
- AID welcomes communication from Issuers on Network Adequacy on any issue
 - Clarifications or questions
 - One-on-one meetings for those new to the program
 - Suggestions for improvement

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